| DOCT 20 19  | 1Es   | THE DIVISION OF H   |   |  | 34151                                       |  |  |
|---|---|---|---|--|---|--|--|
|   | 152   | STANDARD CERTI  | FICATE OF DEAT  | H State File No                                  |   |  |  |
| EIRTH NO  |   | _ REG. DIST. NO//   | _ PRIMARY REG. DIST. N  | 0. <u>5044</u> Registrar's N                     | . 113                                       |  |  |
| 1. PLACE OF DEA   | <b>NTH</b>  |   | II  | YCE (Where deceased lived. If                    | 1   |  |  |
| a. COUNTY B   | arry  | · · · · · · · · · · · · · · · · · · ·   | a. STATE Misso  | <del></del>                                      | Barry                                       |  |  |
| b. CITY (If outside to<br>OR<br>TOWN RUPA   | rporate limits, write R   | tural and give c. LENGTH O' STAY (in this place   | c. CITY (If outside sorpor<br>OR Rural  | . (Washburn)                                     | 0050  |  |  |
| d. FULL NAME OF A<br>HOSPITAL OR<br>INSTITUTION   | (If not in hospital or in   | nstitution, give street address or location   | d. STREET<br>ADDRESS  | (if rural, give location)                        | 0   |  |  |
| NAME OF<br>DECEASED   | a. (First)  | b. (Middle)   | c. (Last)   | 4. DATE (Month                                   |   |  |  |
| Type or Print)  | Joe   | М.  | Morgan  |  | 1-1952                                      |  |  |
|   | color or race<br>white  | 7. MARRIED, NEVER MARRIED,<br>WIDOWED, DIVORCED (Breedly)<br>Married  | 8. DATE OF BIRTH<br>3-20-1881   | 9. AGE (in years of the last birthday)  7.1.     |   |  |  |
| 10a. USUAL OCCUPATION (Glive kind of work done during most of working life, even if retired: farmer   |   | ·   | . 11. BIRTHPLACE (City  | and State or Foreign Country)                    | 12. CITIZEN OF WHAT                         |  |  |
|   |   | Farm  | Missouri  | · /  | ÜSA   |  |  |
| a. FATHER'S NAME  |   | 136. MOTHER'S MAIDE   | N NAME  | 14. NAME OF HUSBAND OR W                         | IFE   |  |  |
| Taylor M  | organ   | 1 0   | nknown  | Anna Morgan                                      |   |  |  |
| 5. WAS DECEASED EVE<br>Yee, no. or unknown)   (I  | R IN U.S. ARMED   | FORCES?   16. SOCIAL, SECURITY  | ۱ I   | SIGNATURE OR NAME                                | ADDRESS                                     |  |  |
| no  |   | 1 10  | CERTIFICATION   | an-Washburn, l                                   | Missouri                                    |  |  |
| ine for (a), (b), and (c)  *This does not mean he mode of dying, such us heart fallure, asthenia, itc. It means the dis- case, injury, or complica- | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) Supraclavicular lymph glands the underlying cause last.  DUE TO (c)  DUE TO (c) |   |   |  |   |  |  |
| on which caused death.  |   | FICANT CONDITIONS ~ buting to the death but not use or condition causing death.   |   |  |   |  |  |
| 9a. DATE OF OPERA-<br>TION  |   | nse or condition causing death.  DINGS OF OPERATION   | 20. AUTOPSY?  |  |   |  |  |
|   | 1   | 21b. PLACE OF INJURY (a.g., in or abor  | n 21c. (CITY, TOWN, OR TO   | <del> </del>                                     | (STATE)                                     |  |  |
| 1a. ACCIDENT<br>SUICIDE<br>HOMICIDE   | (Specify)   | home, farm, factory, street, office bidg., etc  |   |  |   |  |  |
| Ha. ACCIDENT<br>SUICIDE<br>HOMICIDE   |   | (Hour)   21e. INJURY OCCURRED   | <u> </u>  | OCCUR?   |   |  |  |
| OF (Ment)   | ) (Day) (Tour) (  | (Hear)   21e. INJURY OCCURRED   | 211. HOW DID INJURY O   | _ 11, 1952, that I is causes and on the date sto | sted above.                                 |  |  |
| IId. TIME (Month) OF INJURY  2. I hereby certify alive on 10  2. SIGNATURE  | that I attended to 10 19 5  | (Hour) 21e. INJURY OCCURRED  MHILE AT NOT WHILE  the deceased from OCt 1  Compared or title  Compared or title  | 211. HOW DID INJURY OF 1951 19 51, to 10 11 1/1 2 24m., from the 23b. ADDRESS Selloman  | - 11, 1952, that I is causes and on the date sto | 23c. DATE SIGNED                            |  |  |
| III. TIME (Month) OF INJURY  2. I hereby certify alive on 10  10. SIGNATURE  Ma. BURIAL CREM/ TION, REMOVAL CREM                                    | that I attended to 10 19 5  | (Hour) 21e. INJURY OCCURRED  WHILE AT NOT WHILE  WORK AT WORK  At WORK  Line deceased from Oct 1  (Degree or title)  24c. NAME OF CEMET                                     | 21f. HOW DID INJURY O<br>21f. HOW DID INJURY O<br>951 10 51, to 10<br>1 1/13 Am., from the<br>23b. ADDRESS<br>Sel1 cms n<br>ERY OR CREMATORY 24 | — 11, 1952, that I is causes and on the date sto | 23c. DATE SIGNED 101-72-51 ounty) (State)   |  |  |
| OF INJURY  2. I hereby certify alive on 10  10. SIGNATURE  Ma. BURIAL CREMITION, REMOVAL consists  BURIAL   | that I attended to  | (Hour) 21e. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  the deceased from Oct 1  22, and that death occurred a  (Degree or title)  24c. NAME OF CEMEN  1952 Hickman ( | 21f. HOW DID INJURY OF STATE OF CREMATORY 24 Cemetery   |  | 23c. DATE SIGNED                            |  |  |
| III. TIME (Month) OF INJURY  2. I hereby certify alive on 10  10. SIGNATURE  Ma. BURIAL CREM/ TION, REMOVAL CREM                                    | that I attended t  -10 , 19 5  -10 , 19 5  -10 -13 -  1   REGISTRAR'S S   | (Hour) 21e. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  the deceased from Oct 1  22, and that death occurred a  (Degree or title)  24c. NAME OF CEMEN  1952 Hickman ( | 21f. HOW DID INJURY OF STATE OF CREMATORY 24 Cemetery   | — 11, 1952, that I is causes and on the date sto | 22c. DATE SIGNED  Delga-53  county) (State) |  |  |

## STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is recorded on the revers | e side of this | certificate | was embalme | ed by me, or | by |
|---|----------------|-------------|-------------|--------------|----|
|   |                | Student     | Embalmer :  | mo           |    |
| corking under my personal supervision.                              |                | <i>a</i> .  | ص           | •            |    |

Signed Imo D. Tiglet

P. O. Address Asswille 700.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure) to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.